

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:

02-26

2. STATE

NC

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

December 1, 2002

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

Federal Statute 42 CFR 440.167

7. FEDERAL BUDGET IMPACT:

a. FFY 03 \$ **6,987,742** (10,627,683.50)

b. FFY 04 \$ **12,973,307** (14,271,768.75)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A.1, Page 19

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Attachment 3.1-A.1, Page 19

10. SUBJECT OF AMENDMENT:

PCS hours in private residences to 60 hours per month

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED: Not Required

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Carmen Hooker Odom

14. TITLE:

Secretary

15. DATE SUBMITTED:

12/23/02

16. RETURN TO:

Office of the Secretary
Department of Health and Human Services
2001 Mail Service Center
Raleigh, North Carolina 27699-2001

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

December 30, 2002

18. DATE APPROVED:

February 27, 2003

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

December 1, 2002

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Rhonda R. Cottrell

22. TITLE: Associate Regional Administrator

Division of Medicaid and Children's Health

23. REMARKS:

Approved with the following changes to Item 7a and 7b per email dated 2/19/03:

7a: Change from FFY 03 \$ 6,987,742 to FFY 03 \$ (10,627,683.50)

7b: Change from FFY 04 \$12,973,307 to FFY 04 \$ (14,271,768.75)

23.f Personal Care Services

- a. The number of hours of personal care services received by a Medicaid beneficiary may not exceed 3.5 hours per day and sixty (60) hours per calendar month.
- b. Licensed home care agencies are enrolled for Personal Care Services rendered in private residential settings. The agency must be a State licensed home care agency that is approved in its license to provide in-home aide services within the State.
- c. All Medicaid beneficiaries residing in licensed domiciliary care facilities receive Personal Care Services provided by the facilities. The Division of Medical Assistance contracts with each facility for the service. Licensed domiciliary care facilities are public or private non-medical institutions.
- d. The need for enhanced personal care services beyond the amount of one hour per resident day in the basic (capitated) rate for domiciliary care facilities is based on a case manager's evaluation of a resident's care requirements for extensive or total assistance in eating or toileting and must be authorized by a physician.

TN No. 02-26
Supersedes
TN No. 02-04

Approval Date 02/27/03

Eff. Date 12/01/02